

Philip Morris Promotional Services
Fulfillment Information Form and P.O. Box Request

this form to provide the basic, required information about a program. Upon receipt of complete information, a Fulfillment service will be selected and a P.O. Box # assigned. Forward this request to: Philip Morris Fulfillment Administrator, 120 Park Avenue - 14th Floor, New York, New York 10017.

Prepared By: Camille Abbussato

Date Ordered: 12/28/92

Marking and Bar Code are normally sent to the Responsible Agency. If Different, Specify Below:

Name: Lisa Bozga Company Name: _____

Address: LB Co. City/State/Zipcode: _____

Required Program Information:

Provide ALL of the information requested below:

Program Number: _____
 (Assigned by Fulfillment Admin.)

Program Name: Cambridge 1993 Defensive Direct Mail Program POS #: 67073

Program Description: Letter, coupons and survey will be sent to Cambridge names registered during 1992

Program Drop Date: 2/15/93 Program Expiration Date: 5/30/93 Est. Redemption Rate: 15%

Type of Inbound Mail: ☐ Consumer Pays Postage ☐ BRC ☒ BRE - 1 oz. or less ☐ BRE - 2 ozs. or less (more than 1 oz.)
 (Check Only One) Program to Be Mailed: ☒ First Class ☐ Third Class
 (for Direct Mail Only) Total Circulation: 100,661

Method of Distribution: For tracking purposes, a separate P.O. Box # will be assigned for each Method and/or placement unless otherwise instructed. Complete Circ. and Est. Redemp. below for each method and/or placement.

Miscellaneous Distribution:			Distribution by Magazine:			On Page <input type="checkbox"/> Tip-In <input type="checkbox"/> Other <input type="checkbox"/>		
Method	Circ.	Est. Redemp.	P.O. Box Assigned*	Magazine Name	Circ.	Est. Redemp.	P.O. Box Assigned*	
Direct Mail	<u>100,661</u>	<u>15%</u>	<u>for survey 8876</u>					
Is								
Pack								
Carton								
P								
OS/POP								

For PM Fulfillment Administrator use only.

Use the following address for responses:

For PSC-fulfilled Programs:
 Promotional Services Center
 (Program Name)
 P.O. Box (Box Number Assigned)
 Kankakee, IL 60901 - 8876

For Programs fulfilled by others:

Manager's Signature _____ Date _____

Fulfillment Services were bid out? ☐ Yes ☐ No

A separate Page 2 is Required for EACH Fulfillment Item Offered

2049028755